

Financial Hardship Statement

Massachusetts and Nantucket

Customer Name: _____

Address: _____

Account Number: _____

Please provide the following information:

- 1) Home Telephone Number: _____
- 2) Work Telephone Number: _____
- 3) Social Security Number: _____
- 4) a. Number of people in your household: _____
b. How many household members are over age 65: _____
- 5) Total Household Income, before taxes (amount should include all sources, such as Work, Social Security, FIP, Welfare, General Public Assistance, Other):

Per month: \$ _____
OR
Per year: \$ _____

I, the undersigned, do hereby certify that the information provided above is complete and true to the best of my knowledge.

Signature: _____ **Date:** _____

National Grid offers an expanded Discount Rate Program to customers currently receiving certain means-tested public benefits. You can learn if you qualify and obtain an application form by calling Customer Service at the number printed on your bill.

Please return this form to:

National Grid
PO Box 960
Northborough, MA 01532-0960

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